## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

10/532859 APPLICANT(S)

FILING DATE

SERIAL NO.

## CLAIMS

	AS FILED  IND. DEP.		AFTER		AFTER 2 AMENDMENT	
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TOTAL CLAIMS			22			

PTO - 1360 (REV. 11/04)

		AS	AS FILED		FTER ENDMENT	AFTER 2 MAMENDMENT	
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